

Continued on Next Page		** The reporting of this item is optional.	
<p align="center"><b>QUESTIONS</b></p> <p>Please contact us at the following address, phone number, or FAX number:</p> <p>Patricia Burritt Office of Statewide Health Planning and Development Accounting and Reporting Systems Section 818 K Street, Room 400 Sacramento, CA 95814 Phone: (916) 323-0875    FAX No: (916) 323-7675</p>		<p align="center"><b>CERTIFICATION</b></p> <p>I, _____, certify under penalty of perjury that to the best of my knowledge and information, the information reported is true and correct.</p> <p>By: _____</p> <p>Title: _____ Date: _____</p>	

## HOSPITAL QUARTERLY FINANCIAL AND UTILIZATION REPORT (Cont'd)

Facility DBA Name:		1999 Quarter Ending:	OSHDP Facility No.:
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Line No.	FINANCIAL DATA ITEMS	1999 QUARTER
100.	Total Operating Expenses (including PPC expenses reported in line 110)	\$
110.	Physician Professional Component Expenses (PPC)**	\$
	Gross Inpatient Revenue (including PPC charges)	
121.	Medicare	\$
122.	Medi-Cal	
123.	County Indigent Programs	
124.	Other Third Parties (including Medicare HMO and Medi-Cal HMO)	
129.	Other Payors	
130.	Total Gross Inpatient Revenue (sum of lines 121 thru 129)	\$
	Gross Outpatient Revenue (including PPC charges)	
131.	Medicare	\$
132.	Medi-Cal	
133.	County Indigent Programs	
134.	Other Third Parties (including Medicare HMO and Medi-Cal HMO)	
139.	Other Payors	
140.	Total Gross Outpatient Revenue (sum of lines 131 thru 139)	\$
	Deductions from Revenue	
141.	Medicare Contractual Adjustments	\$
142.	Medi-Cal Contractual Adjustments	
143.	Disproportionate Share Payments for Medi-Cal Patient Days (SB 855)	(            )
145.	County Indigent Programs Contractual Adjustments	
146.	Other Third Parties Contractual Adjustments (excluding capitation premium revenue)	
147.	Provision for Bad Debts (including bad debt recoveries)	
148.	Charity - Hill-Burton	
149.	Charity - Other	
150.	Restricted Donations and Subsidies for Indigent Care	(            )
151.	Teaching Allowance (for U.C. teaching hospitals only)	
152.	Clinical Teaching Support (for U.C. teaching hospitals only)	(            )
155.	Capitation Premium Revenue	(            )
159.	Other Adjustments and Allowances	
160.	Total Deductions from Revenue (sum of lines 141 thru 159)	\$
	Net Patient Revenue (Gross Patient Revenue less Deductions from Revenue)	
161.	Medicare	\$
162.	Medi-Cal	
163.	County Indigent Programs	
164.	Other Third Parties	
169.	Other Payors	
170.	Total Net Patient Revenue (sum of lines 161 thru 169) (Line 130 + line 140 - line 160)	\$
180.	Other Operating Revenue	\$
185.	Nonoperating Revenue Net of Nonoperating Expenses	\$
190.	Total Capital Expenditures (excluding disposal of assets)	\$
195.	Fixed Assets Net of Accumulated Depreciation (including construction-in-progress)	\$
200.	Disproportionate Share Funds Transferred to Related Public Entity**	\$
	Purchased Inpatient Services	
205.	Discharges (Not included in lines 41 thru 50)**	
210.	Patient Days (Not included in lines 61 thru 70)**	
215.	Expenses (included in line 100)**	\$
220.	Revenue (included in lines 121 thru 130)**	\$

\*\* The reporting of this item is optional.

**Note: Effective with calendar quarters ended on or after March 31, 1994, all hospitals are required to prepare this quarterly report using the Office-provided Hospital Quarterly Reporting System (HQRS) software and to submit the report by modem to the Office's Bulletin Board System, unless the Office has granted approval in writing to submit this report using this standard report form or the HQRS-produced facsimile report.**